

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cruz for President

A. Full Name (Last, First, Middle Initial)

MR. ROBERT L. SCHWIMMER

Mailing Address 200 CHARTER OAKS CIRCLE

City	State	Zip Code
LOS GATOS	CA	95032-1807

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

830.00

Transaction ID : SA17.843282

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2015			

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

DR. TIMOTHY SCHWOB

Mailing Address 300 LESLIE COURT

City	State	Zip Code
BRISTOL	TN	37620-5596

FEC ID number of contributing federal political committee.

C

Name of Employer
MOUNTAIN STATES HEALTH ALLIANCE

Occupation
M.D.

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

212.00

Transaction ID : SA17.646340

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

LAURIE SCIABBARRASI

Mailing Address P.O. BOX 929

City	State	Zip Code
NEW MILFORD	PA	18834-0929

FEC ID number of contributing federal political committee.

C

Name of Employer
FAMILY

Occupation
MOM

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Transaction ID : SA17.606773

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

575.00

Total This Period (last page this line number only).....